

## PART B - FEE(S) TRANSMITTAL



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30448 7590 11/10/2005

AKERMANTENTERFITT  
P.O. BOX 3188  
WEST PALM BEACH, FL 33402-3188

02/14/2006 TBESHANZ 00000009 500951 10680269

01 FC:2501 700.00 DA  
02 FC:1504 300.00 DA  
03 FC:8001 15.00 DA

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Mark D. Passler	(Depositor's Name)
	(Signature)
2-13-06	(Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY LOCKET NO	CONFIRMATION NO
10680269	10/07/2003	Tyler J. Dembicki	6053-94	6354

TITLE OF INVENTION: CRIMP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	02/16/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SANDY, ROBERT JOHN	3677	043-044910

1 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Akerman Senterfitt  
2  
3

3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

North State Tackle

(B) RESIDENCE (CITY AND STATE OR COUNTRY)

North Carolina

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 5

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5 Change in Entity Status (from status indicated above)

- ☐ a Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature   
Typed or printed name Mark D. Passler

Date 2-13-06  
Registration No. 40,764

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T-814 P.01/02 F-952

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/680,269
Filing Date	10/07/2003
First Named Inventor	DEMBICKS
Art Unit	3677
Examiner Name	SANDY, ROBERT JOHN
Attorney Docket Number	6053-64
Total Number of Pages in This Submission	2

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <b>Remarks</b> Please charge \$1,015.00, plus any deficiencies, to Deposit Account No. 50-0951.	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below). PTOL-85
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Mark D. Passler, Registration No. 40,764 AKERMANTENTERFITT
Signature	
Date	2-13-06

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Mark D. Passler		
Signature		Date	2-13-06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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